

**CITY OF BOULDER BUSINESS LICENSE APPLICATION
SALES/USE TAX - ADMISSIONS - ACCOMMODATIONS LICENSE**

City of Boulder - Department of Finance
Sales Tax Office
P.O. Box 791
Boulder, Colorado 80306

Official Use Only:
Zoning Review _____ Approved
_____ Denied
Signature _____

Owner Name _____

DBA (Doing Business As) _____

Business Address _____

City/State/Zip _____

Type of Location (Check one) ☒ Commercial ☒ Home Based *
(* Note: If Home Based must also complete a Home Occupation Form)

Type of Business (Check One)

- ☒ Sole Proprietor ☒ Corporation ☒ Limited Liability Company
☒ Partnership ☒ Limited Liability Partnership
☒ Other (Explain) _____

Nature of Business (Describe Briefly) Examples: trash hauling, trash roll-offs _____

Phone (____) _____ FAX (____) _____ E-Mail _____

Start of Business Operation in Boulder ____/____/____ (Month/Day/Year - REQUIRED)

Contact for Audit Records

Name: _____ Phone: (____) _____

Address: _____

TYPE OF LICENSE

☒ **Sales & Use Tax License** (\$25)

(For reporting purposes, please check all categories that apply)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Wholesale | <input type="checkbox"/> Contractor |
| <input type="checkbox"/> Service | <input type="checkbox"/> Manufacturing |

☐ **Admission License** (\$25)
Seating Capacity _____

☐ **Accommodation License** (\$25)
Number of Rooms _____

FILING PERIOD (Please indicate which filing period applies)

| If amount remitted is: | Filing period is: |
|--|-------------------|
| <input checked="" type="radio"/> Over \$300 per month | Monthly |
| <input checked="" type="radio"/> \$15.01 - \$300 per month | Quarterly |
| <input checked="" type="radio"/> Up to \$15 per month | Annual |

Select to Clear This Form

Select to Print This Form

SIC CODING (Please check the category(ies) that best describes your business activity.
See General Information Regarding Your Business License.)

- | | |
|---|--|
| <input type="checkbox"/> Food Stores (5400) | <input type="checkbox"/> Transportation/Utilities (4000) |
| <input type="checkbox"/> Eating Places (5800) | <input type="checkbox"/> Services (7000) |
| <input type="checkbox"/> Apparel Stores (5600) | <input type="checkbox"/> Construction/Contractors (15/16/1700) |
| <input type="checkbox"/> Home Furnishings (5700) | <input type="checkbox"/> Hotels/Lodging (7060) |
| <input type="checkbox"/> Consumer Electronics (5734) | <input type="checkbox"/> Admissions (7970) |
| <input type="checkbox"/> Building Material – Retail (5200) | <input type="checkbox"/> Wholesalers |
| <input type="checkbox"/> Automotive Trade (5500) | <input type="checkbox"/> Manufacturers |
| <input type="checkbox"/> General Retail (5900) | <input type="checkbox"/> Other not listed above |
| <input type="checkbox"/> Computer Related Business (3573/7371-7379) | |

Please provide a detailed description of the nature of your business:

Examples: trash hauling, trash roll-offs

OWNER INFORMATION

Owner Name (Last, First) _____

Address _____

City/State/Zip _____

Phone (____) _____ FAX (____) _____ E-Mail _____

MAIL TO AND CONTACT PERSON/COMPANY

Contact Name (Last, First) _____

Address _____

City/State/Zip _____

Phone (____) _____ FAX (____) _____ E-Mail _____

OTHER INFORMATION

Federal ID # or Social Security # _____

State Tax License # _____

I declare under penalty of perjury, that this application has been examined by me and that the statements made herein are to the best of my knowledge and belief, true correct and complete.

Signature _____ Date _____

Title _____

***** Please make checks payable to "City of Boulder" *****

Select to Clear This Form

Select to Print This Form